MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10348

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs. or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Keedysville - Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Emma Francis Baker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife
Frank C. Baker
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1876

8. AGE: Years 63 | Months — | Days 10 | If less than one day hrs. min.

9. Birthplace Berkley Springs - W. Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin James Hanemill
13. Birthplace Berkley Springs - W. Va.

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Sarah L. Martin
Address Hagerstown - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 20 - 1939 (month) (day) (year)
Cemetery or crematory Keedysville -
Location Maryland

18. Funeral director R. D. Emmert
Address Keedysville - Md

19. 10-19-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1939, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1939, to Oct 17 1939, and that I last saw h-r alive on Oct 15 1939.

	DURATION
Immediate cause of death Pulmonary embolism	Oct 17
Due to Carcinoma of uterus	
Generalized carcinomatosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized carcinomatosis
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. R. Staley M.D.
M. D. or other
Address Keedysville Md Date signed Oct 18, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1939
1676/63

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

10343

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 227 Summer Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 227 Summer Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ellen Barger

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Theapolis O. Barger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 11, 1861

8. AGE: Years	Months	Days	If less than one day
78	7	16	____ hrs. ____ min.

9. Birthplace: Frederick County, Maryland (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business:

FATHER
12. Name: Henry Harrison
13. Birthplace: Knoxville, Md.

MOTHER
14. Maiden name: Catherine Long
15. Birthplace: Frederick County, Md.

18. Informant: Mrs. John Roberts

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 30, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 10-30- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 27, 1939, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug - 1939 - to Oct 27 - 1939 - and that I last saw her alive on Oct 25, 1939 -

Immediate cause of death: Toxaemia — DURATION: 3 wks -

Due to: Diabetic Gangrene — 3 mos -

Due to: of Left foot -

Other conditions: Diabetes — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Henry R Kraiss M.D. M. D. or other

Address: Hagerstown Md Date signed 10-30-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

10344

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Washington
City or town Dry Run Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Albert Bloyer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Rubeck Bloyer
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan, 6 1869

8. AGE: Years	Months	Days	If less than one day
70	9	24	____ hrs. ____ min.

9. Birthplace Fairview Md. (Town, county, and state)
10. Usual occupation Storekeeper
11. Industry or business

FATHER
12. Name Thomas Bloyer
13. Birthplace Md.

MOTHER
14. Maiden name Sallie Sword
15. Birthplace Md.

16. Informant Mary Rubeck Bloyer (wife)
Address Dry Run Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 2 1939 (month) (day) (year)
Cemetery or crematory Broadfording Cemetery
Location Near Cearfoss Md.
18. Funeral director Edith V Leaf
Address Williamsport, Md.

19. Nov 1 1939 (Date rec'd by registrar) Ralph W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30, 1939, at 5P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept- 1938 to Oct 30. 1939, and that I last saw h-im alive on Oct 30, 1939.

Immediate cause of death	DURATION
Chronic Endocarditis	3 yrs.
Due to Unknown.	
Due to	
Other conditions Myocarditis.	3 yrs.
Asteno Sclerosis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D.
M. D. or other
Address Clear Spring Md. Date signed Nov. 1 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94b)

10345

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 week

Stay in this community (yrs., or mos., or days): 29 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 Fairground ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary C. Brook

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hollins N. Brook

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Jan. 9 - 1869

8. AGE: Years 70 | Months 9 | Days 13 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore, Balto Co Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: ..

FATHER

12. Name: Martin Kavanaugh

13. Birthplace: Ireland.

MOTHER

14. Maiden name: Maria Cadden

15. Birthplace: Ireland.

16. Informant: Hollins N. Brook

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 24 - 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md

19. 10-23 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 22 1939, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1939, to Oct 22 1939, and that I last saw her alive on Oct 22 1939.

Immediate cause of death	DURATION
Chronic cystitis	?
Pyelonephrosis	?
Coronary sclerosis	?
uraemia	10/20/39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: 10/22/39 as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: H. L. Porterfield M.D. M. D. ~~or other~~

Address: 136 W. Washington St. Date signed: 10/23/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

10346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(10)

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Chewsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mildred Irene Buhrman

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/11/1932

8. AGE: Years 7 | Months 1 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace near Hagerstown, Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Keller E. Buhrman
13. Birthplace Foxville, Fred. Co., Md.

MOTHER
14. Maiden name Edith Bond
15. Birthplace Harpers Ferry, W. Va.

16. Informant Keller E. Buhrman
Address Chewsville, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 10-2-1939 (month) (day) (year)

Cemetery or crematory Smithsburg Cemetery

Location Smithsburg, Md.

18. Funeral director George B. Hoover

Address Smithsburg, Md.

19. Oct 1st 1939 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1939, at 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---------- 19 , to 19 ,
and that I last saw her alive on 19

Immediate cause of death

Sudden Suffocation

Due to Laryngeal Diphtheria with edema and membrane formation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy membrane, edema, pus

DURATION
10-1-39
9-28-39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Wash. Co. M. D. ~~or other~~
Address Hagerstown, Maryland Date signed 10/1/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

10347

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Md. ~~R D 1 Rural~~ (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 weeks

Stay in this community (yrs., or mos., or days) 46 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Rural Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No. Bridgeport Dist. R D 1 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Lester V. Clopper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora G. Clopper

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1893

8. AGE:

Years	Months	Days	If less than one day
46	0	25	____ hrs. ____ min.

9. Birthplace Leitersburg - Washington - Md. (Town, county, and state)

10. Usual occupation Trucker

11. Industry or business Hauling

FATHER 12. Name Robert Clopper

FATHER 13. Birthplace Washington County, Md.

MOTHER 14. Maiden name Fannie Hoover

MOTHER 15. Birthplace Washington County, Md.

16. Informant Mrs. Cora G. Clopper

Address Hagerstown, Md. R D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 20, 1939 (month) (day) (year)

Cemetery or crematory Smithburg Cemetery

Location Smithburg, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 10-19-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18, 1939

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 16 1939 to Oct 18 1939, and that I last saw h[illegible] alive on Oct 18 1939.

Immediate cause of death Carcinomatosis Mesenteric, pancreas + stomach, Peritonitis DURATION 40 days

Due to Primary carcinoma of the mesentery.

Due to duration, from history: significant. E.W.S.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Carcinomatosis of mesentery

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

PHYSICIAN Please underline the cause to which death should be charged statistically.

23. SIGNATURE E. G. Kohler M. D. or other

Address Smithsburg Date signed 10/26/39

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-d)

CERTIFICATE OF DEATH

10348

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 419 So Potomac

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Donald Lee Cook. Cook

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single-

6 (b) Name of husband or wife —

B(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 14- 1939

8. AGE: Years — Months — Days — If less than one day ___ hrs. 15 min.

9. Birthplace Hagerstown Wash. Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name George L. Cook.

13. Birthplace Cumberland.

MOTHER 14. Maiden name Dorothy A. V. Goodnow-

15. Birthplace Cumberland Md.

16. Informant George L. Cook.

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 16-1939 (month) (day) (year)

Cemetery or crematory Rose Hill. Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 10-15- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1939, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-14-39 19__, to 10-14-39 19__, and that I last saw him alive on 10-14-39 19__.

Immediate cause of death	DURATION
Respiratory failure	10-14-39
Due to	
Due to	
Other conditions Absent Sectum	10-14-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S Earl Young MD M. D. or other

Address Hagerstown Md Date signed 10/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Earl Young.

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10349

(8)

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) newborn
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ~~Maryland~~ Penna. County ~~Washington~~ F
City or town State Line Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Baby Girl Edwards

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced still born
6(b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7:30 PM October 23, '39
8. AGE: Years Months Days If less than one day Still born hrs. min.
9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual occupation Stillborn
11. Industry or business
FATHER 12. Name Lester Eugene Edwards
13. Birthplace Washington County Md
MOTHER 14. Maiden name Jessie Carol Hartle
15. Birthplace Franklin County, Md.
16. Informant Martin
Address
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director
Address
19. 10-25 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7:30 PM October, 23 1939, at 7:30 PM 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 23rd 1939, to October 23rd, 1939, and that I last saw'n alive on 19
Immediate cause of death Intrauterine asphyxia Stillbirth
Due to Prolapsed Cord
Fall, with rupture of uterus, followed by
Due to ~~R~~ Porro-Cesarean section. O.W.G.R.
Other conditions Ruptured Uterus. Pelvic fibroid (mother); dermoid cyst of ovary (mother).
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident. Date of October 10, 1939.
Where did injury occur? Middleburg (City or town) Washington (County) Md. (State)
Injured at home, farm, industry, public place (where?) at home.
Means of injury Mother fell. Injured at work? No.

23. SIGNATURE A Baptist, Jr. M.D. M. D. or other
Address 214 N. Potomac St. Hagerstown, Md. Date signed 10-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Letter from Mrs. Edwards stating place of residence filed 11/13/39. B.

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

10350

Reg. Dist. No. 306

1. PLACE OF DEATH:
County Washington
City or town Highfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME America A. A. (Harbaugh) Eyler

3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: John E. Eyler
6 (c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Feb. 3 1861

8. AGE: Years 78 | Months 8 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Sabillasville Md. (Town, county, and state)
10. Usual occupation: House duties
11. Industry or business
FATHER
12. Name: Sanford Harbaugh
13. Birthplace: Frederick Co. Md
MOTHER
14. Maiden name: Katherine McClain
15. Birthplace: Frederick C. Md.
16. Informant: Thomas Eyler
Address: Highfield Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/25/39 (month) (day) (year)
Cemetery or crematory: St. Johns Ref. Cemetery Sabillasville Md
Location: Sabillasville Md
18. Funeral director: Walter Y. Grove
Address: Waynesboro, Pa.
19. Oct 24th 1939 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1939, at 4:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-2 1939, to 10-22 1939, and that I last saw her alive on 10-20 1939.

Immediate cause of death: Apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. C. Bridges M. D. or other
Address Blue Ridge Summit Pa. Date signed 10/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (59)

10351

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
County Washington
City or town Smithsburg md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, ~~hospital, or institution~~: W. Main St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) About 30 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Smithsburg md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. none
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR — —

3. (a) FULL NAME Howard J. Fehl

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife Mrs ~~Jessie~~ Fehl
6(c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) 10-10-1873

8. AGE:

Years	Months	Days	If less than one day
66	—	10	— hrs. — min.

9. Birthplace Millersville Lancaster Co Pa
(Town, county, and state)
10. Usual occupation Jeweler
11. Industry or business Jeweler
FATHER
12. Name Alfred Fehl
13. Birthplace Millersville Lancaster Co Pa
MOTHER
14. Maiden name Adaline Bremner
15. Birthplace Millersville Lancaster Co Pa
16. Informant Mrs Jessie Fehl
Address Smithsburg md
17. (Burial, ~~cremation, or removal. Which?~~) Date thereof 10-22 1939 (month) (day) (year)
Cemetery ~~or crematory~~ Smithsburg Cemetery
Location Smithsburg md
18. Funeral director Geo. B. Hoover
Address Smithsburg md
19. Oct 21st 1939 (Date rec'd by registrar) Geo W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1939, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 20 1939, to Oct 20 1939, and that I last saw him alive on Oct 20 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	1 hour
Due to Arterio Sclerosis	1 year
Due to	
Other conditions Diabetes Mellitus	10 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury — Injured at work? —

23. SIGNATURE G. G. Kohler M. D. or other
Address Smithsburg Date signed 10/20/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 4 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10352

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Wash. Co. Home Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia F. Fish

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 13 1852

8. AGE: Years	Months	Days	If less than one day
87	5	6	____ hrs. ____ min.

9. Birthplace Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Robert Fish
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden name Ann Elizabeth Joy
15. Birthplace St. Marys Co. Md.

16. Informant Mrs. Edward Green

Address Boonsboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 22 39 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director William F. Bast & Son

Address Boonsboro Md.

19. 10-20 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1939, to Oct 19 1939, and that I last saw her alive on Oct. 9 1939.

Immediate cause of death Mitral Regurgitation of Heart. — DURATION 9 months

Due to

Due to

Other conditions Chronic Nephritis — 9 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Hedwig McC. M.D. M. D. ~~or other~~

Address Boonsboro Md. Date signed Oct 20/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

10353

CERTIFICATE OF DEATH

Reg. Dist. No. 30 d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 yrs 2mo. 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H Frey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Elizabeth Phillips Frey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1870

8. AGE: Years	Months	Days	If less than one day
69	2	3	hrs. min.

9. Birthplace Sharpsburg Md.
(Town, county, and state)

10. Usual occupation State Road Labor

11. Industry or business

FATHER 12. Name Samuel Frey

FATHER 13. Birthplace Sharpsburg

MOTHER 14. Maiden name Annie Sonders

MOTHER 15. Birthplace Sharpsburg Md.

16. Informant Elizabeth P. Frey (wife)

Address Sharpsburg, Md.

17. Burial Date thereof Oct. 14, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mountain View Cem.
Sharpsburg Md.

Location

18. Funeral director Edith V Leaf

Address Williamsport, Md.

19. 10-14 1939 Ealy Berger
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1939, at 1135 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to Oct 11 1939 and that I last saw him alive on Oct. 11 1939

Immediate cause of death ~~Hemiplegia~~ and Pneumonia and Auricular Fibrillation — DURATION 1 week

Due to Cardio-Vascular-Renal Disease. — 10 yrs.?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L Shealy M.D.
M. D. or other

Address Sharpsburg, Md. Date signed 10/14/39

RECEIVED
NOV 8 1939
BUREAU V. S.

10354

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 10 das.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Sharpsburg. Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nina K. Furry.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: William D.

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) December 26 - 1874

8. AGE: Years 64 Months 9 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Sharpsburg Wash. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER

12. Name Frisby Smith

13. Birthplace Sharpsburg Md.

MOTHER

14. Maiden name Violetta Showman.

15. Birthplace Rohersville Md

16. Informant Dr. William D. Furry

Address Sharpsburg Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 16-1939. (month) (day) (year)

Cemetery or crematory Mountain View Cem.

Location Sharpsburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md

19. 10-15- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1939, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 2, 1939, to Oct. 13, 1939, and that I last saw her alive on Oct 13, 1939.

Immediate cause of death: Agranulocytosis — DURATION: 12 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. S. Stauffer, (M.D.) M. D. or other

Address Hagerstown, Md Date signed Oct 14, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Ralph Stauffer

Dr Sheely

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

10355

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: at Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. N. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Kate Gallaher

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Harry Gallaher
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April - 15 - 1872
8. AGE: Years 67 Months 6 Days 8 If less than one day hrs. min.
9. Birthplace Catawissa Penna (Town, county, and state)
10. Usual occupation House wife
11. Industry or business Own Home
FATHER 12. Name William Schlee
13. Birthplace Catawissa Penna
MOTHER 14. Maiden name Mary Hower
15. Birthplace Catawissa Penna
16. Informant Harry B. Gallaher
Address Boonsboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 25. 1939 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.
18. Funeral director Wm. F. Bast & Son
Address Boonsboro Md.
19. Oct. 24. 1939 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1939, at 4 30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1938, to Oct 22 1939, and that I last saw her alive on Oct 23 1939.
Immediate cause of death Cerebral Hemorrhage DURATION 2/15/38
Due to
Due to
Other conditions Arterial Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Holcomb Mehr M. D.
M. D. or other
Address Boonsboro Md. Date signed Oct. 23/39.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

10356

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Rural Near Hancock
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Rural Near Hancock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. 1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Ahimaaz Ronyan Garland

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Sarah Ellen Garland

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 30, 1858

8. AGE:

Years	Months	Days	If less than one day
81	2	23	— hrs. — min.

9. Birthplace: Needmore, Fulton Co., Pa.
(Town, county, and state)

10. Usual occupation: Minister

11. Industry or business: Christian church

FATHER
12. Name: Peter Garland
13. Birthplace: Needmore, Pa.

MOTHER
14. Maiden name: Sarah (Maiden name unknown)
15. Birthplace: Needmore, Pa.

16. Informant: John Garland
Address: Little Orleans, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 26 1939 (month) (day) (year)

Cemetery or crematory: Fairview Cemetery

Location: Juglesmith, Bedford Co., Pa.

18. Funeral director: Ephraim Smith

Address: Artemas, Pa.

19 10/27 (Date rec'd by registrar) 1939 I B Jenkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 23 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1938, to Oct. 23, 1939, and that I last saw him alive on Oct. 23, 1939

Immediate cause of death	DURATION
Chronic myocarditis	1 yr.
Due to	
Due to	
Other conditions: Hypertension	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: J. A. Watson M.D.
M. D. or other

Address: Little Orleans Md. Date signed: Oct. 23, 1939

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107a)

10357

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Washington Co. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 5 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna County Fulton

City or town Amaranth Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Rebecca Garland

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samson Garland

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1865

8. AGE:

Years	Months	Days	If less than one day
74	3	22	hrs. min.

9. Birthplace Amaranth, Fulton Co Pa

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Levi Shuttle

13. Birthplace Bedford Co Pa

MOTHER

14. Maiden name Martha Jane Mills

15. Birthplace Bedford Co Pa

16. Informant Mrs Alfred Crawford

Address Amaranth Pa

17. (Burial, cremation, or removal. Which?) Date thereof Oct 8 1939 (month) (day) (year)

Cemetery or crematory Jerusalem Cemetery

Location Amaranth, Pa

18. Funeral director J. W. Snipes

Address Hagerstown Md

19. Oct 6 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1939, at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1939, to Oct 6 1939, and that I last saw her alive on Oct. 5 1939

Immediate cause of death Bronchopneumonia — DURATION

Due to

Due to

Other conditions Flu

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. H. Shuttle M.D. M. D. or other

Address 134 N. Potomac Hagerstown Date signed Oct. 6

Hagerstown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10358

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cor. Linwood Road and Sherman Ave.

Stay in hospital or insl. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Md. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Cor. Linwood Road and Sherman Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emeline Strite Garmong

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Ordway E. Garmong

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): September 7, 1869

8. AGE: Years	Months	Days	If less than one day
70	1	1	hrs. min.

9. Birthplace: Wilson Dist. Wash. Co. Md.
(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER 12. Name: Jacob Strite

FATHER 13. Birthplace: Leitersburg, Md.

MOTHER 14. Maiden name: Emeline Hosteter

MOTHER 15. Birthplace: Greencastle, Pa.

16. Informant: Miss Melba Garmong

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 11, 1939 (month) (day) (year)

Cemetery or crematory: St. Paul's Cemetery

Location: Rural- Near Hagerstown-Route 40

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 10-10-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 8, 1939 7:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw her alive on 19

Immediate cause of death	DURATION
Coronary Occlusion	10-8-39
Due to Fibrillation-ventricular	
Arteriosclerosis	1936
Due to Hypotension	1935
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: Not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Robert Wells Deputy Med. Ex. Wash., CO., Md.

M. D. or

Address: Hagerstown, Md. Date signed 10-9-39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

10359

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 533 Ridge Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 533 Ridge Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nellie M. Gossard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jacob Gossard

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	6	hrs. min.

9. Birthplace Hagerstown R.F.D. Wash. Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Simon Baker

13. Birthplace Washington County

MOTHER 14. Maiden name Laura Ambrose

15. Birthplace Washington County

16. Informant Jacob Gossard

Address 533 Ridge Avenue, Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/ 24/ 39 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 10-21-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 19 39, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 19 38 to Oct. 21 19 39

and that I last saw her alive on Oct. 21 '39 19

Immediate cause of death	DURATION
Carcinoma of uterus	1936
Due to Generalized carcinomatosis	1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Robert Mello, M.D. M. D. or other

Address Hagerstown, Md. Date signed 10/21/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95E)

Reg. Dist. No. 302

10360

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 433 Mechanic St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 6 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 433 Mechanic St. 5th Ward (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Arthur Chas. Hahn.

3 (b) If veteran, name war Spanish Am. & World War.

3 (c) Social Security No. 717-07-9268.

4. Sex Male.

5. Color or race White.

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ married

6 (b) Name of ~~husband or~~ wife Dessie A. Hahn.

6. (c) If alive, give age 47. years

7. Birth date of deceased (mo., day, yr.) Aug. 21-1881

8. AGE: Years 58 Months 2 Days 9. If less than one day _____ hr. _____ min.

9. Birthplace Sacramento, California. (Town, county, and state)

10. Usual occupation Baker.

11. Industry or business Railroad, watchman.

FATHER
12. Name unknown.
13. Birthplace unknown.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown.

16 (a) Informant Mrs. Dessie A. Hahn.

(b) Address 433 Mechanic St. Hag. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11. 1. 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Arlington National.

Location Wash. D. C.

18 (a) Funeral director Richard M. Conrad.

(b) Address 15 East 4 St. Frederick, Md.

19 (a) 10-30-39 (Date rec'd by registrar) (b) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. Date of death 10/29 1939, at 7 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1938, to 10/29 1939 and that I last saw him alive on 10/29 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive Arteriosclerotic Cardiovascular Disease	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank F Lusby M. D. ~~or other~~

Address 170 W Wash St Date signed 10/30/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10361

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Highfield, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -
Stay in hospital or inst. (yrs., or mos., or days): -
Stay in this community (yrs., or mos., or days): 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 29 Fairground ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary M. C. Harbaugh

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John M. Harbaugh

6(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): July 8 - 1863

8. AGE: Years: 76 Months: 3 Days: 0 If less than one day: hrs. min.

9. Birthplace: Sabillasville, Frederick, Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own Home

FATHER
12. Name: Sanford Harbaugh
13. Birthplace: Sabillasville Md

MOTHER
14. Maiden name: Catherine McClain
15. Birthplace: Sabillasville Md

16. Informant: Miss Edith Harbaugh
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 11-1939 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. Oct 11th 1939 (Date rec'd by registrar) Geo. W. Feagans Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 8, 1939, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14, 1924 to Oct. 8 1939 and that I last saw h alive on Aug. 22, 1939

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 hour
Due to: Chronic Myocarditis	Nov. 1924
Due to: Arteriosclerosis	Nov. 1924
Due to: Cerebral Hemorrhage & Hemiplegia Right Side	May 1939
Other conditions:	

(Include pregnancy within 8 months of death)

Major findings:
Of operations: None.
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: W. Howard Yeager M. D. or other
Address: Hagerstown, Md. Date signed: 10-10-39

RECEIVED
NOV 4 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

10362

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 630 W. Washington
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town new Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 121 Greenmount ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Louise Harne

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Robert E. Harne

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 21 1871

8. AGE:

Years	Months	Days	If less than one day
68	6	16	hrs. min.

9. Birthplace Kemps Mill, Wash. Co. Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Harry S. Sites
13. Birthplace Kemps Mill Wash. Co. Md.

MOTHER
14. Maiden name Mary C. Leitey
15. Birthplace Wash Co. Md.

16. Informant John L. Snyder
Address Hagerstown, Md.

17. Burial — Date thereof Oct 9 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown
18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 10-9-39 — Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1939, at 3:15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Oct. 7 1939, and that I last saw her alive on October 5 1939

Immediate cause of death	DURATION
Chronic Endocarditis	
" Nephritis	
Due to Arteriosclerosis	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Victor D. Miller M. D. or other
Dr. VICTOR D. MILLER
Address 131 W. WASHINGTON ST. Date signed 10-11-39
HAGERSTOWN, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10363

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington Co. Md.
City or town: Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 month.
Stay in this community (yrs., or mos., or days): 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Penna County: Franklin
City or town: Zullinger Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harvey J. Hartle

3. (b) Social Security Number

4. Sex: Male
5. Color ~~or race~~: White
6. (a) Single, married, widowed, or divorced: W.
6 (b) Name of husband or wife: Maude Bell
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 4, 1864

8. AGE: Years: 75 Months: 7 Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Leitersburg Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Jacob Hartle
13. Birthplace: Md

MOTHER
14. Maiden name: Amelia Creager
15. Birthplace: Md

16. Informant: Mrs Walter H. Wishard
Address: Zullinger Pa.

17. ~~Leitersburg Md~~ Burial Date thereof: Oct. 23, 1939 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or ~~crematory~~: Leitersburg
Location: Md.

18. Funeral director: Walter Y. Grove
Address: Hay Nelson Pa.

19. 10-21-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 22 1939, to Oct. 20 1939, and that I last saw him alive on Oct. 20 1939.

Immediate cause of death	DURATION
Myocarditis, chronic.	?
Due to Generalized arterio sclerosis.	?
Due to Nephritis - chronic diffuse	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Transurethral Opening three large prostate
Of autopsy: Generalized arterio sclerosis nephritis chr. myocarditis chr. Coronary occlusion - rt. branch. Benign enlarged prostate.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Wallie H Wishard M. D. ~~or other~~
Address: Waynesboro Pa Date signed 10/21/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 59

CERTIFICATE OF DEATH

10364

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown, Md. Rural Leitersburg Pike
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 64 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, Md. Rural Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Leitersburg Pike

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Scott W. Hause

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Nettie B. Hause

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 10, 1875

8. AGE:

Years	Months	Days	If less than one day
64	4	6	hrs. min.

9. Birthplace: Washington County, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: William Hause
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Elizabeth Beard
15. Birthplace: Washington County, Md.

16. Informant: Mrs. Nettie B. Hause,
Address: Hagerstown, Md. R. F. D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 18, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss,
Address: Hagerstown, Md.

19. 10-18- 19 39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16, 1939 4:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16 19 39 to October 16 19 39 and that I last saw him alive on October 16 19 39

Immediate cause of death: Coronary occlusion — DURATION: 2hrs

Due to

Due to

Other conditions: Diabetis Mellitus

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R B Norment M.D. M. D. or other

Address: Hagerstown, Md Date signed 10/16/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10365

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Clara Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bivalve M. P. Church
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War.

3. (a) FULL NAME: Clarence A. Hayward

3. (b) Social Security Number: 214-14-5482

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 2, 1891

8. AGE:

Years	Months	Days	If less than one day
48	3	17	hrs. min.

9. Birthplace: Clara, Md. (Town, county, and state)

10. Usual occupation: Oiler on ship

11. Industry or business

FATHER

12. Name: J. W. Hayward

13. Birthplace: St. George Island, Md.

MOTHER

14. Maiden name: Hester Anne Timmons

15. Birthplace: Clara, Md.

16. Informant: J. W. Hayward

Address: Clara, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10/22/39 (month) (day) (year)

Cemetery or crematory: Burial - Bivalve, Md.

Location: Bivalve, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 10-21- (Date rec'd by registrar) 19 39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 19 19 39, at 9P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXX 19 to XXX 19, and that I last saw him alive on 19.

Immediate cause of death: Chronic Duodenal ulcer — DURATION: ?

Due to: Perforated duodenal ulcer — 10-19-39

Due to: with acute peritonitis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: None

Of operations:

Of autopsy: Perforated duodenal ulcer

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: D. Robert Melly Deputy Med. Exam. Wash., Co., Md.

M. D. or other

Address: Hagerstown, Md. Date signed 10-20/39

RECEIVED
OCT 27 1939
U.S.D.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13C)

CERTIFICATE OF DEATH

10366

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 820 W. Washington St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 80 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 820 W. Washington

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John Thomas Hellane

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Julia B. Hellane

6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Dec. 6 - 1858

8. AGE: Years	Months	Days	If less than one day
80	10	22	____ hrs. ____ min.

9. Birthplace: Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation: Retired Mail Carrier

11. Industry or business:

FATHER — 12. Name: John Hellane

13. Birthplace: Hagerstown, Md.

MOTHER — 14. Maiden name: Mary Ellen Fox

15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Julia B. Hellane

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 31-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md.

19. 10-30-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 28- 1939 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1- 1939, to 10-28- 1939, and that I last saw alive on 10-14- 39 1939.

Immediate cause of death: ch. Myocarditis — DURATION: 1935

Due to:

Due to:

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. W. Otto M. D. or other

Address: Hagerstown Md. Date signed 11/3/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11-52)

CERTIFICATE OF DEATH

10367

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 242 So Potomac
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret A. Herbert.

3. (b) Social Security Number 214-09-3228

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White Female	White SINGLE

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10- 1883

8. AGE:

Years	Months	Days	If less than one day
56	2	18	hrs. min.

9. Birthplace Hagerstown, Wash Co. Md. (Town, county, and state)
10. Usual occupation Winder.
11. Industry or business Southern Ribbon Co

FATHER
12. Name William Herbert.
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Sarah South
15. Birthplace Hagerstown. Md.

16. Informant Mrs Frank Downin.
Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 30-1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

18. Funeral director Andrew K. Cassiman
Address Hagerstown. Md

19. 10-30-1939 (Date rec'd by registrar) Chas A Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1939, at 9:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21, 1939 to Oct. 28 1939, and that I last saw h alive on Oct. 21, 1939.

Immediate cause of death Bronchopneumonia — DURATION 4 days
Due to Influenza — 1 days
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Nowell M.D.
Address Hagerstown, Md M. D. or other
Date signed Oct 28, 1939

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (25)

Reg. Dist. No. 304

10368

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County WASHINGTON
(b) City or town HANCOCK MD
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County WASH.
(c) City or town HANCOCK.
(If outside city or town limits, write RURAL and give town)
(d) Street No. BLUE HILL ADD'N
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** HARRY HENRY HOILE.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: MARRIED.

6 (b) Name of husband or wife: GERTRUDE HOILE

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) SEPT 24 1895

8. AGE: Years 44 | Months 0 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace MORGAN, CO. W VA.
(Town, county, and state)

10. Usual occupation TAX I

11. Industry or business GENERAL.

FATHER
12. Name ANDREW W HOILE.
13. Birthplace MORGAN CO W VA.

MOTHER
14. Maiden Name MARY E. Mc BEE.
15. Birthplace MORGAN CO W VA.

16 (a) Informant MARY E WIDMEYER
(b) Address HANCOCK MD.

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 10 9 39 (month) (day) (year)
(c) Cemetery or crematory SPHORSY ROADS
Location MORGAN CO W VA.

18 (a) Funeral director T P JENKINS
(b) Address HANCOCK MD.

19 (a) 10-7-39 (Date received by registrar) (b) T P JENKINS Registrar

MEDICAL CERTIFICATION

20. Date of death OCT. 6 1939, at 12 NOON M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Oct 6 1939, and that I last saw him alive on Oct 6 1939.

	Duration
Immediate cause of death Tuberculosis Pentonitis	2 days
Due to Rupture of abscess of Bowel	
Due to Smothering of R. Pelvis	
Due to	
Other conditions Tuberculosis abscess of Rt. Thigh	about 1 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Tabler
M. D. or other
Address Hancock Md Date signed 10/7/39

CEIVED
NOV 6 1939
LCAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-6)

CERTIFICATE OF DEATH

10369

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 517 W. Church St.

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 45 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 517 W. Church

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Margaret A. Hose

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: William Hose

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 3 - 1855

8. AGE:

Years	Months	Days	If less than one day
84	8	18	hrs. min.

9. Birthplace: Falling Water, W. Va. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own Home

FATHER 12. Name: Meredith Ensminger

FATHER 13. Birthplace: Williamsport, Md.

MOTHER 14. Maiden name: Mary a Warner

MOTHER 15. Birthplace: Williamsport Md

16. Informant: Mrs. Virginia Barnack

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct 23-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 10-23-39 (Date rec'd by registrar) 19 Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10-21- 19 39, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-1- 19 39, to 10-21- 19 39, and that I last saw him alive on 10-20- 19 39

Immediate cause of death: Cardio-Renal Disease — DURATION: 10 yrs

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown Md. Date signed 10/24/39

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

10370

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washingyon

City or town Sharpsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days) 25 days

Stay in this community (yrs., or mos., or days) 80 yrs. 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Mary Margaret Houser

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married-Widowed

6 (b) Name of husband or wife William Houser

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1858

8. AGE: Years	Months	Days	If less than one day
80	9	25	hrs. min.

9. Birthplace Sharpsburg
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business None

FATHER
12. Name John Stull
13. Birthplace Germany

MOTHER
14. Maiden name Racheal Mc Coy
15. Birthplace Sharpsburg

16. Informant John Houser
Address Sharpsburg

17. (Burial, cremation, or removal. Which?) Date thereof Oct. 10, 1939 (month) (day) (year)

Cemetery or crematory Mountain View

Location Sharpsburg

18. Funeral director Edith V. Leap
Address 7 Church St Williamsport Md

19. 10/9 1939 (Date rec'd by registrar) Ed. Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1939 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Oct 7 1939 and that I last saw her alive on Oct. 7 1939.

Immediate cause of death: Circular Fibrillation with Congestion of lungs. — DURATION 2 days

Due to Chronic Myocarditis (Chronic Rheumatoid Arthritis) — 21 yrs.

Due to — 1 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Shealy M.D. M. D. or other

Address Sharpsburg, Md. Date signed 10/9/39.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 9 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10371

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 531 Guilford Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 531 Guilford Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucilla Mongan Jacobs

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Jacobs

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 23, 1861

8. AGE: Years	Months	Days	If less than one day
78	1	18	____ hrs. ____ min.

9. Birthplace Bakersville, Md. Wash. Co. (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name William Mongan
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Maggie Boyer
15. Birthplace Washington County, Md.

16. Informant Mrs. Clifton Perry

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 13, 1939 (month) (day) (year)

Cemetery or crematory Dunkard Cemetery

Location Near Hagerstown- Beaver Creek

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 10-13- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1939, 6:10P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1938, to 10/11 1939, and that I last saw her alive on 10/11 1939.

Immediate cause of death auricular fibrillation — DURATION 1 1/2 yrs

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE F F Lusky MD M. D. ~~or other~~

Address 170 W Washington Date signed 10/12/39

RECEIVED
NOV 6 1939
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-d)

10372

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 291 Frederick
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME child of Edward Kelley

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 18 - 1939

8. AGE: Years | Months | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown Washington Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Edward Kelley
13. Birthplace N.Y.

MOTHER
14. Maiden name Ruth E. Lehman
15. Birthplace Waynesboro Pa

16. Informant N. F. Lehman

Address Hagerstown Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Oct 22 - 1939
(month) (day) (year)

Cemetery or ~~crematory~~ Green Hill

Location Waynesboro Pa

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. 10-21-1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1939, at 12 Noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 19 1939, to Oct 21, 1939, and that I last saw her alive on Oct. 21, 1939.

Immediate cause of death Congenital malformation

Due to 1. Double hare lips
2. Double cleft palate

Due to 3. Necrosis of skull.

Other conditions Secondary hemorrhage from necrotic area of scalp
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE RB Norment MD
M. D. or other

Address Hagerstown Md Date signed Oct 21, 1939

Norment

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

10373

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Boonsboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Kephart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Boy	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22 1939

8. AGE: Years — | Months — | Days — | If less than one day hrs. min.

9. Birthplace Boonsboro Wash. Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Paul Kephart

13. Birthplace Boonsboro Wash. Co. Md.

MOTHER

14. Maiden name Virgie Cordea

15. Birthplace Gapland Wash. Co. Md.

16. Informant Paul Kephart

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 22. 1939 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md

18. Funeral director Wm J. Bast & Son

Address Boonsboro Md.

19. Oct. 22. 1939 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1939, at 2:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22 1939 to Oct 22 1939, and that I last saw h/M alive on STILLBORN Oct 22 1939

Immediate cause of death	DURATION
STILLBIRTH.	
Due to Prolapsed cord.	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Draper M.D.

M. D. or other

Address Boonsboro Md Date signed 10-22-39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-P)

10374

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Home.
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown. Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wash. Co Home (If rural give LOCATION)
1805 Virginia Ave. Hagerstown, Md.
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Kinney

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower.

8 (b) Name of husband or wife Sarah Ida.
8(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 16- 1852

8. AGE:

Years	Months	Days	If less than one day
87	4	8	hrs. min.

9. Birthplace Cambria Co. Pa.
(Town, county, and state)
10. Usual occupation laborer.
11. Industry or business —

FATHER
12. Name no Record
13. Birthplace " "

MOTHER
14. Maiden name no Record
15. Birthplace " "

16. Informant Rev. W. P. Hartzel
Address Hagerstown, Md.

17. Burial Date thereof Oct 26-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Peters Ref Cemetery
Location Landisburg Pa.

18. Funeral director Andrew K Coffman
Address Hagerstown Md.

19. 10-25-1939 Chas H Bowers
(Date rec'd by registrar) Registrar

Dr. J. Bradley

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1939, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1939 to Oct 24 1939
and that I last saw h alive on Oct 24 1939

Immediate cause of death Cerebral Thrombosis — DURATION 2 days

Due to Senility Arteriosclerosis — 5 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J N Bradley M. D. or other
Address Hagerstown, Md. Date signed Oct 24/39

EIVED
NOV 6 1939
U. S.

10375

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 302

(159)

1 PLACE OF DEATH
County Washington
Village or City Hagerstown (No.) Cor 4th & S Potomac St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Kline

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	W	S.

6 DATE OF BIRTH Oct 29, 1939
(Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or 10 min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry business, or establishment in which employed or (employer) Infant

9 BIRTHPLACE (State or country) Hagerstown, Md.

PARENTS

10 NAME OF FATHER Richard K. Kline

11 BIRTHPLACE OF FATHER (State or country) Hagerstown, Md

12 MAIDEN NAME OF MOTHER Virginia Stayer

13 BIRTHPLACE OF MOTHER (State or Country) Hagerstown, Md,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed 11-2- 1939 Chas H Bowers
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 29, 1939
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Oct 29 1939 to Oct. 29, 1939
that I last saw h[illegible] alive on Oct 29, 1939
and that death occurred on the date stated above, at 10 m.
The CAUSE OF DEATH * was as follows:

Premature Birth

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary None

..... (Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. W. Bradley M. D.
Oct 30 1939 (Address) Hagerstown, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ....., 19.....
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Solesmon,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic volvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 6 1899

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10376

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: At Home South Main St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: South Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Daniel Luther Kline

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Katherine Kline

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Setember I8 I867

8. AGE: Years	Months	Days	If less than one day
72	0	I9	hrs. min.

9. Birthplace: Boonsboro Wash.Co.Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: General Building

FATHER 12. Name: Isaac Kline

FATHER 13. Birthplace: Beaver Creek Wash.Co.Md.

MOTHER 14. Maiden name: Susan Miller

MOTHER 15. Birthplace: Md.

16. Informant: Mrs.Katherine Kline

Address: Boonsboro Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Oct.IO.I939 (month) (day) (year)

Cemetery or crematory: Boonsboro Cemetary

Location: Boonsboro Md.

18. Funeral director: William F.Bast & Son

Address: Boonsboro Md.

19. Od.9. 1939 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 7, 1939, at 12:15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 30, 1939 to Oct 7, 1939 and that I last saw him alive on Oct 6 1939

Immediate cause of death: Acute Uremia — DURATION: 5 weeks

Primary cause: Chronic nephritis

Due to: Benign prostatic enlargement — Duration - One year

Due to:

Other conditions: Chronic Arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: J. Rudesill Bast M. D. or other

Address: Boonsboro, Md. Date signed Oct.9,1939

RECEIVED
NOV 9 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

10377

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street ~~address~~, hospital, or ~~institution~~: Washington Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 week
Stay in this community (yrs., or mos., or days) 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or ~~town~~ Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 126 S. Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank L. Kriner
3. (b) Social Security Number 214-09-2394

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of ~~husband or~~ wife Mary J. Kriner
6(c) If alive, give age 28 years
7. Birth date of deceased (mo., day, yr.) Sept 22 - 1904
8. AGE: Years 35 Months — Days 16 If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown, Wash. Co. Md
(Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business Grocery Store
FATHER 12. Name Edward Kriner
13. Birthplace Waynesboro, Pa.
MOTHER 14. Maiden name Florence E. Huber
15. Birthplace Chambersburg, Pa.
16. Informant Mrs. Grace Solshbaugh
Address Hagerstown, Md.
17. Burial Date thereof Oct 11 - 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location Hagerstown, Md.
18. Funeral director C. M. Suter & Sons
Address Hagerstown Md
19. 10-10-1939 Chas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8th 1939 at 7.02 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 30 1939 to Oct 8th 1939
and that I last saw him alive on Oct 7th 1939
Immediate cause of death Chronic Glomerular Nephritis
Hypertension.
Due to Chronic Myocarditis
Due to
Other conditions Uremia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

DURATION
100K.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip J. Kirshman MD
M. D. ~~or other~~
Address Hagerstown Md Date signed 10/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-0)

10378

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 232 Frederick Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 232 Frederick Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman Mandelstan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Esther Mandelstan

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Unknown- about 1877

8. AGE: Years	Months	Days	If less than one day
62	--	--	hrs. min.

9. Birthplace Unknown - Russia (Town, county, and state)

10. Usual occupation Dealer in Salvage

11. Industry or business

FATHER 12. Name Simon Mandelstan

13. Birthplace Russia

MOTHER 14. Maiden name Sarah --------

15. Birthplace Russia

16. Informant Mrs. Esther Mandelstan

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof October 25, 1939 (month) (day) (year)

Cemetery or crematory Half Way Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 10-25-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1939 12:40 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22 1939 to Oct 25 1939, and that I last saw h[illegible] alive on Oct. 24th 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 58 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H Bowers M. D. or other

Address Hagerstown, Md. Date signed 10/25/39

RECEIVED
NOV 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (946)

10379

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 435 N. Jonathan St
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 435 N. Jonathan
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Jefferson Martin

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced widower
6 (b) Name of husband or wife Eva Martin
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Apr. 2 - 1873
8. AGE: Years 66 Months 6 Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace Indian Spring, Washbo. Md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name David Martin
13. Birthplace Indian Spring, Md.
MOTHER 14. Maiden name Isabel Mouse
15. Birthplace Indian Spring, Md.
16. Informant Mrs. Jess Kline
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 13-1939 (month) (day) (year)
Cemetery or crematory St Paul.
Location near Clearspring
18. Funeral director C. M. Suter & Sons.
Address Hagerstown, Md.
19. 10-12 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1939, at 6A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from xxxx 19__, to 19__, and that I last saw him alive on xx 19__.

Immediate cause of death	DURATION
Coronary Occlusion	10-9-39
xx Due to acute pulmonary edema	10-11-39
Due to	
Other conditions no	

(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Wells Deputy Med. Ex. Wash., Co., Md. M. D. or other
Address Hagerstown, Md. Date signed 10-12-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

10380

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hsopital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of motber)

State Maryland County Washington

City or town Hagerstown, Md. Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 676 Pennsylvania Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James N. Miller

3. (b) Social Security Number 220-10-3856

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 19, 1905

8. AGE: Years	Months	Days	If less than one day
34	1	12	hrs. min.

9. Birthplace Sleepy Creek- Morgan Co. W. Va
(Town, county, and state)

10. Usual occupation Laborer- W. P. A.

11. Industry or business

FATHER 12. Name James I. Miller

13. Birthplace Morgan County, W. Va.

MOTHER 14. Maiden name Anna M. Clark

15. Birthplace Morgan County, W. Va.

16. Informant Mrs. Anna M. Miller

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3, 1939 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Near Sleepy Creek, W. Va.

18. Funeral director Fred W. Kraiss.

Address Hagerstown, Md.

19. 11-3-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1939, at 3:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXXXX 19 to 19

and that I last saw him alive on Oct. 31 19 39

Immediate cause of death	DURATION
Fractured skull, rt forearm	39
rt. leg, hemorrhage into	10/30/
Due to adrenal glands	
Fracture ribs ant. with	
Due to perforation of lungs	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: No

Of operations

Of autopsy yes as above 10/31/39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Data of 10/30/39

Where did injury occur? Indian Springs, Wash, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) #40 road

Means of injury Automobile Injured at work? No

23. SIGNATURE Deputy Med. Exam. Wash., Co.; Md.
M. D. or other

Address Hagerstown Md Data signed 11/1/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (20)

10381

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 441 W. Church Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 441 W. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simon S. Myers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna E. Myers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 10, 1859

8. AGE:

Years	Months	Days	If less than one day
81	1	24	____ hrs. ____ min.

9. Birthplace Near Hagerstown-Washington-Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Jacob Myers

13. Birthplace Washington County, Md.

MOTHER

14. Maiden name Anna Summers

15. Birthplace Washington County, Md.

16. Informant J. E. Myers

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 6, 1939 (month) (day) (year)

Cemetery or crematory Broadfording, Cemetery

Location Near Hagerstown-Cearfoss Dist.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 10-6-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1939 at 4:45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to Oct 4 1939, and that I last saw him alive on Oct. 4 - 39 1939.

Immediate cause of death	DURATION
Acute Gastro-enteritis	
Due to	
Due to Adenomyoma	
Other conditions De-hydrations	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Walter Saxman, M.D. M. D. or Other

Address Hagerstown Md. Date signed Oct 4 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-L

CERTIFICATE OF DEATH

10382

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington Co. Hospital
City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Franklin
City or town Greencastle Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. E Baltimore St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edward Omwake (J. Edward Omwake)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Jessie Omwake
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 30 1867

8. AGE: Years	Months	Days	If less than one day
72	7	1	hrs. min.

9. Birthplace Penna (Town, county, and state)
10. Usual occupation Owner of Elevator Co
11. Industry or business Feed, Coal + Lumber

FATHER
12. Name Henry Omwake
13. Birthplace Penna

MOTHER
14. Maiden name Eveline Beaver
15. Birthplace Penna

18. Informant Mrs Jessie Omwake
Address Greencastle Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 3/1939 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Greencastle
18. Funeral director A E Minnich
Address Greencastle Pa

19. 11-1-1939 (Date rec'd by registrar) Chas H Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1939, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 31 1939, to Oct 31 1939, and that I last saw him alive on October 31 1939.

Immediate cause of death: Intestinal obstruction — DURATION 24 hours
Definitely obstructed. Death within
Due to eight hours after admission to hospital.
No more obtainable. Cause.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation in condition did not permit of operation.
Of autopsy Autopsy refused.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Peregrine Wroth Injured at work?

23. SIGNATURE Brune Woodall Jr. M. D. or other
Address Hagerstown Md Date signed 10/31/39
131 W. Washington

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10383

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS &)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Potomac Hotel N. Potomac Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS &) Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)

Street No. N. Potomac Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob R. Rockwell

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of ~~husband or~~ wife Maude Anthony Rockwell

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) December 31, 1861

8. AGE: Years	Months	Days	If less than one day
78	9	1	____ hrs. ____ min.

9. Birthplace West Virgina (Town, county, and state)

10. Usual occupation Retired B&O R.R.Engineer

11. Industry or business

FATHER 12. Name Solemn Rockwell

13. Birthplace Johnsontown, W. Virginia

MOTHER 14. Maiden name Unknown

15. Birthplace W. Virginia

16. Informant Willard Rockwell

Address Potomac Hotel-Harestown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-3-39 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md,

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. 10-3- 19 39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1939. 19 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19, 1939 to Oct. 1, 1939, and that I last saw him alive on October 1, 1939.

Immediate cause of death	DURATION
Bronchio-pneumonia	Sept. 19
Due to	
Due to	
Other conditions Cardio-vascular-renal disease. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations No operation

Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE L. D. Bell M. D. or other

Address Hagerstown Md Date signed 10/3/39

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (87-C) Reg. Dist. No. 302

10384

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hagerstown Rural R D 5
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown, Md. R D 5 Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Leitersburg Pike
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Harold S. Shoemaker

3 (b) If veteran, name war

3 (c) Social Security No. 148 07 8569

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1912

8. AGE: Years 26 | Months 11 | Days 16 | If less than one day _____ hr. _____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Sylverter Shoemaker
13. Birthplace Washington County, Md.

MOTHER
14. Maiden Name Mary E. Repp
15. Birthplace Washington County, Md.

16 (a) Informant Sylverter Shoemaker
(b) Address Hagerstown, Md. R D 5

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1939 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cemetery
Location Near Clearspring, Md.

18 (a) Funeral director Snyder-Rowland
(b) Address Clearspring, Md.

19 (a) 10-18-1938 (Date rec'd by registrar) (b) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. Date of death Oct. 16, 1939, at 11P. M

21. I certify that death occurred on the date above stated; that I attended deceased from XX 19____, to 19____, and that I last saw him alive on XX 19____.

Immediate cause of death	Duration
Brain cyst with intracramial pressure	10-16-39
Due to Jacksonian epilepsy	1936
Due to Fractured skull: Caused by Kick of a horse, July 31 st 1921. A brain cyst resulted, at site of old fracture.	7-31-21
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Brain cyst, fractured skull, edema of lungs 10/17/39

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Rhus Wells Deputy Med. Ex. Wash., Co., Md. M. D. or

Address Hagerstown, Md. Date signed 10/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 6 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

19385

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days) 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wash.
City or town Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 57 Westside Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry V. Smith

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6(a) Single, married, widowed, or divorced: Married
6(b) Name of husband or wife: Ruth
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Sept. 26 1878
8. AGE: Years 61 | Months 0 | Days 24 | If less than one day: ____ hrs. ____ min.
9. Birthplace: Taneytown Md. (Town, county, and state)
10. Usual occupation: Railroad Engineer Retired
11. Industry or business: Western Md. R.R.
FATHER 12. Name: William Smith
FATHER 13. Birthplace: Rocky Ridge, Md.
MOTHER 14. Maiden name: No Record
MOTHER 15. Birthplace: No Record
16. Informant: Mrs. Ruth Smith
Address: 57 Westside Ave. Hagerstown
17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 22 39 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown Maryland
19. 10-22- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 20 19 39 at 10:30 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 19 39 to Oct. 20 19 39
and that I last saw him alive on Oct. 20 19 39

Immediate cause of death	DURATION
Gun shot wound	10-19-39
with perforated abdominal	
Due to cavity, stomach, intestines,	
pancreas and liver..	
Due to acute peritonitis	10-19-39
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations as above 10/19/39
Of autopsy as of above 10/20/39

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident ? Date of 10/19/39
Where did injury occur? Hagerstown (City or town), Wash. (County), Md. (State)
Injured at home, farm, industry, public place (where?) field in rear of home
Means of injury Gun shot Injured at work? No

23. SIGNATURE Dr. Rubey M. Wells
Deputy Med. Exam. Wash., Co., Md.
M. D. or Coroner
Address Hagerstown, Md. Date signed 10-21-39

Dr. Wells

RECEIVED
NOV 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93c)

CERTIFICATE OF DEATH

10386

Reg. Dist. No. 371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Tilghmanton Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Tilghmanton Md.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 57 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Leatha Helen Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife: Dan Smith

6(c) If alive, give age: 81 yrs

7. Birth date of deceased (mo., day, yr.): June 30 1863

8. AGE: Years	Months	Days	If less than one day
76	3	28	hrs. min.

9. Birthplace: Spielman Md.
(Town, county, and stete)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John Wolford
13. Birthplace: Maryland

MOTHER
14. Maiden name: Margret Greenfield
15. Birthplace: Maryland

16. Informant: Dan Smith (Husband)
Address: Tilghmanton Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Oct 31, 1939
(month) (day) (year)

Cemetery or crematory: Manor Cem.
Location: Near Tilghmanton Md.

18. Funeral director: Edith V. Leaf
Address: Williamsport, Md.

19. Oct. 30 1939
(Date rec'd by registrar)
J. S. Bloom
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 29 1939, at 1:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1939 to Oct 28 1939 and that I last saw her alive on Oct 28 1939.

	DURATION
Immediate cause of death: Cerebral Emboliasm	3 days
Due to Auricular Fibrillation	2 weeks
Due to Chronic Myocarditis	5 yrs (?)
Other conditions: Chronic Arthritis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Walter S. Stanley M.D.
M. D. or other

Address: Hagerstown, Md. Date signed: 10/30/39

RECEIVED
NOV 10 1920
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-E)

10387

CERTIFICATE OF DEATH

Reg. Dist. No. 392

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 68 Winter Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 65 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 68 Winter Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Socks

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Cora E. Socks
6(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Feby 10, 1874
8. AGE: Years 65 Months 8 Days 3 If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown-Washington-Maryland (Town, county, and state)
10. Usual occupation Printer
11. Industry or business
FATHER 12. Name John P. Socks
13. Birthplace Hagerstown, Md.
MOTHER 14. Maiden name Cordelia Holtz
15. Birthplace Hagerstown, Md.
16. Informant Mrs. Cora Socks
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 16, 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.
19. 10-13- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13, 1939. 19 , at 6A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20, 39 19 , to Oct 13, 39 19 ,
and that I last saw him alive on Oct. 11, '39 19
Immediate cause of death Toxaemia.
Due to Carcinoma of liver.
Due to
Other conditions ----
(Include pregnancy within 3 months of death)
Major findings:
Of operations None.
Of autopsy None.

DURATION: not known.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Hagerstown, Md. Date signed 10/13/3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (17E)

10388

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Leitersburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Leitersburg, Md. Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth T. Hartle Stottlemyer

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John H. Stottlemyer
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov, 7, 1870
8. AGE: Years 68 | Months 11 | Days 20 | If less than one day ____ hrs. ____ min.
9. Birthplace: Near Leitersburg- Wash. Co. Md (Town, county, and state)
10. Usual occupation: Home duties
11. Industry or business
FATHER 12. Name: Henry Hartle
13. Birthplace: Wash. Co., Md.
MOTHER 14. Maiden name: Anna Trovinger
15. Birthplace: Wash. Co. Md.
16. Informant: Miss Lillie A. Hartle
Address: Hagerstown, Md. R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1939 (month) (day) (year)
Cemetery or crematory: Reformed Cemetery
Location: Leitersburg, Md.
18. Funeral director: Fred W. Kraiss,
Address: Hagerstown, Md.
19. Oct. 28 1939 W. B. Newcomer (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1939, at 6 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939 to XXXX and that I last saw her alive on XXX 1939
Immediate cause of death: Carbon monoxide poison — DURATION 39
Due to: Hypertension — 10-26-1938
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: none
Of autopsy: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident — Date of
Where did injury occur? Leitersburg (City or town) Wash., Md. (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: gas fumes from coal stove — Injured at work? home

23. SIGNATURE: J. Robert Wells, Deputy Med. Exam. Wash., Co., Md.
M. D.
Address: Hagerstown, Md. Date signed 10/28/39

RECEIVED
NOV 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

10389

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town near Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Western Pike R # 40

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Huyet's Cross Rd R # 40
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Melchor Strike

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6 (b) Name of husband or wife Annie.

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept 17 - 1861

8. AGE: Years	Months	Days	If less than one day
78	—	30	hrs. min.

9. Birthplace Clearspring Wash. Md.
(Town, county, and state)

10. Usual occupation Farmer retired

11. Industry or business

FATHER
12. Name John Strike
13. Birthplace Clearspring Md.

MOTHER
14. Maiden name Henrietta Hitchcock
15. Birthplace Clearspring Md.

16. Informant Mrs Annie Strike

Address Hagerstown. Md R # 2

17. Burial Date thereof Oct 18 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Paul Cemetery

Location Western Pike near Clearspring Md

18. Funeral director Andrew K Eastman

Address Hagers town Md.

19. 10-17-1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 1 1939, to Oct 16 1939, and that I last saw h in alive on Oct 10 - ? 1939.

Immediate cause of death	DURATION
Chronic Endocarditis	?
" Nephritis	
Due to - ? -	
Due to '?'	
—	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor E Miller
M. D. or other

Address Date signed 10/17/1939

V. E. Miller

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117-a)

CERTIFICATE OF DEATH

10390

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (OUTSIDE CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. County Hospital

Stay in hospital or inst. (yrs., or mos., or days) Thos.

Stay in this community (yrs., or mos., or days) Thos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Beaver Creek Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Senorous Fleming Troxell.

3. (b) Social Security Number 220-10-3432

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Alice R.

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 11 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	5	19.	____hrs. ____min.

9. Birthplace Funkstown, Wash. Co., Md. (Town, county, and state)

10. Usual occupation Machinist.

11. Industry or business

FATHER 12. Name Levi Troxell

13. Birthplace Hancock Md

MOTHER 14. Maiden name Eliz. Shilling.

15. Birthplace Funkstown, Md.

16. Informant Hugh R. Troxell

Address Funkstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 1 - 1939 (month) (day) (year)

Cemetery or crematory Funkstown Cemetery

Location Funkstown, Md.

16. Funeral director Andrew K. Cost'man

Address Hagerstown Md

19. 10-31- (Date rec'd by registrar) 19 39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1939, at 9 P M

21. I CERTIFY that death occurred on the date above etated; that I attended deceased from May 3 1938, to Oct. 30. 1939, and that I last saw h[illegible]m alive on Oct. 30 1939.

Immediate cause of death Gastric Ulcer — DURATION 1½ yrs

Due to (Hemorrhage from Stomach)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Novenstern M. D. or other

Address Funkstown Md Date signed Oct 31-1939

Dr. Novenstern

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NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

10391

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 120 W. Bethel
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 120 W. Bethel
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Rhoda E. Turner.
3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Jany 9 - 1901
8. AGE: Years 38 Months 8 Days 29. If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown, Wash. Co Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Edw. Turner.
13. Birthplace Hagerstown. Md.
MOTHER
14. Maiden name Clora Chase.
15. Birthplace Smithsburg Md.
16. Informant Clora Chase
Address Hagerstown, Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Oct 9-1939. (month) (day) (year)
Cemetery or crematory Rose Hill County
Location Hagerstown, Md
18. Funeral director Andrew K. Coffman
Address Hagerstown, Md.
19. 10-9- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9. 1939. at 5-30 A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30th 1939, to Oct 7th 1939, and that I last saw her alive on Oct 7th 39 19
Immediate cause of death: Acute Pulmonary Tuberculosis — DURATION
Due to T. B. — Doubtful
Due to Acute Myocarditis — 2 wks.
Other conditions Heart failure — 2 hrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) ✓ (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE W. R. Bender M. D. or other
Address Hagerstown Md. Date signed Oct 8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Bender.

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10392

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 month 5 day
Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 39 Broadway
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah L. Zahn

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 19-1873

8. AGE:

Years	Months	Days	If less than one day
66	1	12	hrs. min.

9. Birthplace Boonsboro Wash Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Private family

FATHER
12. Name William C. Zahn
13. Birthplace Near Wolfsville Md.

MOTHER
14. Maiden name Elizabeth Bowman
15. Birthplace Benevolia Md.

1B. Informant Mr. Charles Zahn
Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 4 1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md
1B. Funeral director Stott & Minnich & Son
Address Hagerstown Md.

19. 10-2 1939 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1939, at 3:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 22 1939 to Oct. 1 1939
and that I last saw her alive on October 1 1939

	DURATION
Immediate cause of death coronary embolism	48 hrs.
Due to chronic interstitial nephritis	2 yrs.
Due to arteriosclerosis	Don't Know
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide X Date of X
Where did injury occur? X (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) X
Means of injury ✓ Injured at work? ✓

23. SIGNATURE W. R. Bender M.D.
M. D. or Other
Address Hagerstown, Md. Date signed 10/2/39

Bender

RECEIVED
NOV 6 1939
BUREAU V. S.